SEND COMPLETED FORM TO:	United States Environmental Protection Agency					
The Appropriate State or EPA Regional Office.	RCRA SUBTITLE C SITE IDENTIFICATION FORM					
1. Reason for	Reason for Submittal:					
Submittal (See instructions on page 9)	☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)					
MADICALL DOVIES	☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)					
MARK ALL BOX(ES) THAT APPLY	☐ As a component of a First RCRA Hazardous Waste Part A Permit Application					
	☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)					
	🕮 As a component of the Hazardous Waste Repor	As a component of the Hazardous Waste Report				
2. Site EPA ID Number (page 10)	EPA ID Number [M ₁ O ₁ D ₁ 9 ₁ 8 ₁ 5 ₁ 8 ₁ 0 ₁ 5 ₁ 0 ₁ 9 ₁ 2]					
3. Site Name (page 10)	Name: Reliable Biopharmaceutical Corporation By					
4. Site Location Information	Street Address: 1945 Walton Rd.					
(page 10)	City, Town, or Village: St. Louis		State: MO			
	County Name: St. Louis		Zip Code: 63114-0192			
5. Site Land Type (page 10)	Site Land Type: X Private County District Federal Indian Municipal State Other					
6. North American Industry Classification	A. 325411 B. 442759					
System (NAICS) Code(s) for the Site (page 10)	C. RCRA RECORDS					
7. Site Mailing	Street or P. O. Box: P.O. Box 140192					
Address (page 11)	City, Town, or Village: St. Louis					
	State: MO					
	Country: USA		Zip Code: 63114-0	192		
8. Site Contact Person	First Name: James	MI: T .	Last Name: Sinoo t			
(page 11)	Phone Number: 314-429-7700 Extension	n:	-	ot@reliablebicpha		
9. Operator and Legal Owner of the Site	Legal Owner Reliable Biopharmaceutical Corp.			Date Became Operator (mm/dd/yyyy): 1968		
(pages 11 and 12)	Operator Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other					
	B. Name of Site's Legal Owner: William Ash Date Became Owner (mm/dd/yyyy): 1968					
	Owner Type: X Private County District Federal Indian Municipal State Other					

EPA Form 8700-13 A/B (Revised 10/2003)

Page 1 of 3

EPA ID NO: LMIOID 19 18 15 1 L81 01 5 1 019 12 1

OMB#: 2050-0024 Expires 10/31/2005

					ONID#. 2000-0024 E	Expires 10/31/2005
11. Description o	of Hazardous Wast	es (See instruction	is on page 16.)			
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
D001	D009	D022	D028	D038	্ব	
D098	F002	F003	F005	P030		
			10 E			ч ,
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.						
						
	€0.					
40.0						1
12. Comments (S	See instructions on	page 16.)				
	-					
= 1		<u> </u>				
					1.	
on my inquiry of the information submit	n a system designed te person or persons tted is, to the best of hitting false informati	to assure that quali who manage the s my knowledge and	ified personnel prop ystem, or those pers belief, true, accurat	erly gather and evalues sons directly respon e, and complete. I a	pared under my direction substitute the information substitute for gathering the arm aware that there are owing violations.	bmitted. Based
Signature of ope	rator, owner, or an sentative	Name and Offi	cial Title (type or p	print)		Date Signed (mm/dd/yyyy)
Heron	E Fles	Michael E	. Zaleski, Pi	resident		2/27/04
	0					
						

				OMB#: 2050-0024	Expires 10/31/2005		
BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL			U.S. ENVIRONMENTAL				
OR ENTER:			77	PROTECTION	AGENCY		
SITE NA	AME: Reliable Biopharmaceutica	l					
	Corporation	-	FORM	2003 Hazardous V	Vaste Report		
17	n i		GM	GM WASTE GENERATION			
EPA ID	NO: $\lfloor \frac{M_1O_1D_1}{9_18_15_1} \lfloor \frac{9_18_15_1}{8_10_15_1} \lfloor \frac{0_1}{8_10_1} \rfloor$	9 2		AND MANAG	AND MANAGEMENT		
BOX 10.	ons: Please see the detailed instructions on pa	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN					
Sec. 1 A. Waste description Ignitable spent solid used in purification of organic compounds; largely silica gel with absorbed solvents: Ethyl Acetate. Hexane							
B. EPA	hazardous waste code $\begin{bmatrix} D_{\parallel} 0_{\parallel} 0_{\parallel} 1_{\parallel} & D_{\parallel} 0_{\parallel} \end{bmatrix}$	3, 8	C. State hazardous	s waste code .	110.4		
F 0 0 3 F 0 0 5							
D. Sour		E. Form code	F. Quantity generated in 2003 G. UOM 7				
	[e] <u>0</u> 9]	w 3 1 9	1 2 2 4 8 0		G. GOIVI		
Management Method code for Source code G25 Density			Density				
[H <u>i</u>]					□ lbs/gal □ sg		
Sec. 2	Sec. 2 Was any of this waste managed on site? (pages						
☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) 植 2 No (SKIP TO SEC. 3)							
	E PROCESS SYSTEM 1		ON-SITE PROCES				
On-site Management Quantity treated, disposed, or Method code recycled on site in 2003		On-site Manageme Method code	ent Quantity treated, recycled on site in	disposed, or n 2003			
[#]		١.١	[H]]]				
Sec. 3		2003 for treatme	ent, disposal, or recy MPLETE)	cling? (pages 25 and 26)			
Site 1	B. EPA ID No. of facility to which waste		anagement Method D. Total quantity shipped in 2003		ipped in 2003		
	was shipped code Shipp		0 4 Q		2 1 8 0		
1		[H]	7 1 7				
Site 2	EPA ID No. of facility to which waste was shipped	C. Off-site Ma code Ship	anagement Method D. Total quantity shipped in 2003 ped to				
		[H]		<u> </u>			
Site 3	EPA ID No. of facility to which waste was shipped	code Shipped to		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Comments: Sec. 1 E. Largely silica gel contaminated with Ethyl Acetate, Hexane along with some lab trash (i.e., gloves and paper towels)							

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL			OMB#: 2050-0024 Expires 10/31/2005			
OR ENTER:			U.S. ENVIRONMENTAL			
				PROTECTION AGENCY		
SITE N	AME: <u>Reliable Biopharmaceutic</u>	al		We may		
Corporation			FORM	2003 Hazardous Waste Report		
1	W 0 D 0 0 T 0 0 T		GM	WASTE GENERATION		
EPA ID	NO: $M_{1}O_{1}D_{1}_{1}_{1}_{9}_{1}_{8}_{1}_{5}_{1}_{1}_{8}_{1}_{0}_{1}_{5}_{1}_{1}_{0}$	92		AND MANAGEMENT		
Instructi	ions: Please see the detailed instructions on p	ages 17 to 25 of t	this booklet befo	re completing this form.		
Sec. 1	A. Waste description Aqueous laboro	itory waste	containing	g cyanide, toxic		
В. ЕРА	hazardous waste code $[D_10_10_13_1]$ $[P_10_1]$	3 0	C. State hazardous waste code			
D. Sou	rce code	E. Form code	F. Quantity generated in 2003 G. UOM			
	[G] O 9	[w] 0 0 1	5			
Ma	nagement Method code for Source code G25			Density		
				1 0		
	[H]					
	III			□ Ibs/gal of sg		
Sec. 2	Was any of this waste managed on site? (pag					
	☐ 1 Yes (CONTINUE TO ON-SITE PROCES ※☐ 2 No (SKIP TO SEC. 3)	SS SYSTEM 1)				
ON-SIT	E PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site Management Quantity treated, disposed, or recycled on site in 2003		On-site Management Method code Quantity treated, disposed, or recycled on site in 2003				
			[H]	ا. التاليات		
Sec. 3	A. Was any of this waste shipped off site ir □ 1 Yes (CONTINUE TO BOX B) 質2	n 2003 for treatme No (FORM IS CO	ent, disposal, or i	recycling? (pages 25 and 26)		
Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Ma	anagement Meth	,,		
		[HT				
Site 2	EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to		,,		
		[HT 1				
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to		,,		
— — — — — — — — — — — — — — — — — — —						
Comments:						

OMB#: 2050-0024 Expires 10/31/2005 BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL U.S. ENVIRONMENTAL OR ENTER: PROTECTION AGENCY SITE NAME: Reliable Biopharmaceutical 2003 Hazardous Waste Report Corporation **FORM OFF-SITE** EPAID NO: MOD 1985 1 8 0 5 1 0 9 2 OI IDENTIFICATION Instructions: Please read the detailed instructions on the reverse side before completing this form. A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter MIOIDIO 5 4 0 1 8 2 8 8 Continental Cement Co., LLC C. Handler type (MARK ALL THAT APPLY) D. Address of off-site installation Street 10107 Highway 79 □ Generator Hannibal □ Transporter City State IMIO Zip 6 3 4 0 1 -TSDR facility A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter O(H|D) = 9 + 8 + 0 + 6 + 4 + 3 + 5 + 4 + 1Von Roll America. Inc. Site 2 C. Handler type (MARK ALL THAT APPLY) D. Address of off-site installation □ Generator Street 1250 St. George Street E. Liverpool City □ Transporter State (O | H | Zip 4 3 9 2 0 - | | | | TSDR facility A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter Site 3 C. Handler type (MARK ALL THAT APPLY) D. Address of off-site installation ☐ Generator Street City □ Transporter ☐ TSDR facility A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter Site 4 C. Handler type (MARK ALL THAT APPLY) D. Address of off-site installation □ Generator Street City □ Transporter □ TSDR facility Comments: